

OFFICE OF SPECIAL LICENSING
DD Group Home Inspection Unit
150 N. 18th Avenue, Suite 460
Phoenix, AZ 85007
(602) 364-3064 FAX (602) 364-4769

Application for DD Group Home DHS Health and Safety License (Submit 30 days prior to opening/renewal)		Date of Submission: <input type="checkbox"/> New Application <input type="checkbox"/> Change of Address <input type="checkbox"/> Renewal - Expiration Date:	
Contact Person: e-mail Address:		Phone: Fax:	
Agency Name:		Phone: Fax:	
Agency Address:			
City:		Zip:	
e-mail:			
Group Home Name:		<input type="checkbox"/> Level I	<input type="checkbox"/> Level II
Street Address:			
City:	Zip:	Phone: Fax:	
If change of address, previous address:			
Mailing Address (if different from street address): Street:			
City:		Zip:	
e-mail:			
Accredited Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	Accredited by: (attach all accreditation reports to application)		From: To:
Date requested* for inspection:		Time:	
<i>*Inspection will be conducted based upon availability of Inspector</i>			
Signature of Agency Administrator or Designee:		Date: e-mail address:	Phone: Fax: